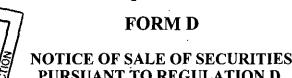
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



OMB Number: 3235-0076 April 30, 2008 Expires: Estimated average burden hours per response...... 16.00

OMB Approval

SEC USE ONLY

PURSUANT TO REGULATION D. **SECTION 4 (6), AND/OR** ORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Sale of Common Stock	
Filing Under (check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4	(6) ULOE
	·
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this an amendment and name has changed, and indicate change.)	
College Garb, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3815 Travis Trail, Salem, Virginia 24153	(540) 384-6131
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(If different from Executive Offices)	70.
(If different from Executive Offices) Brief Description of Business:	PROCESSED
Brief Description of Business:	PROCESSED
	·
Brief Description of Business:	·
Brief Description of Business: Seller of asset management solutions Type of Business Organization	NOV 1-5 2006
Brief Description of Business: Seller of asset management solutions Type of Business Organization corporation limited partnership, already formed limited partnership, to be formed	NOV 1-5 2006 THOMSON
Brief Description of Business: Seller of asset management solutions Type of Business Organization Corporation Iimited partnership, already formed	NOV 1-5 2006 THOMSON
Brief Description of Business: Seller of asset management solutions Type of Business Organization corporation limited partnership, already formed limited partnership, to be formed	NOV 1-5 2006 THOMSON
Brief Description of Business: Seller of asset management solutions Type of Business Organization Corporation	NOV 1 5 2006 THOMSON Year FINANCIAL
Brief Description of Business: Seller of asset management solutions Type of Business Organization Corporation	NOV 1-5 2006 THOMSON
Brief Description of Business: Seller of asset management solutions Type of Business Organization Corporation	NOV 1 5 2006 THOMSON Year O 3

GENERAL INSTRUCTIONS

Federal:

Who must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying of ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5-05)

A BASIGIDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers: and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer Director Promoter General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Craig R. Kesler Business or Residence Address (Number and Street, City, State, Zip Code) 3815 Travis Trail, Salem, Virginia, 24153 Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Sidney Bennett Business or Residence Address (Number and Street, City, State, Zip Code) 220 Pinewood Lane, Rock Hill, South Carolina, 29730 Beneficial Owner Executive Officer Director General and/or Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner **Executive Officer** Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Managing Partner

	110	e despuis di	(Allegarity)		B. INFO	DRMATI	ON ABO	UT OFF	ERING	an carrier			ada an
						• • •	** .	-4° 876				Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
	Answer also in Appendix, Column 2, if filing under ULOE												
2.	2. What is the minimum investment that will be accepted from any individual?												
	÷											Yes	No
3.	Doe	s the offerir	ng permit j	oint owners	ship of a s	ingle unit?							\boxtimes
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full	l Nan	ne (Last nar	ne first, if	individual)									
Bus	iness	or Residen	ce Addres	s (Number	and Street	, City, Stat	e, Zip Cod	le)	-1		· ·		
Nar	ne of	Associated	Broker or	Dealer								<u></u>	
			4										
				Has Solicit ndividual S			cit Purchas	sers		Г	All Sta	tec	
· [A	L] [] [T]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
				individual)		ĮO1]	[,,]		[11,11]	["']	["']	[*, *]	[I XI]
Rus	iness	or Residen	ce Addres	s (Number	and Street	City Stat	e Zin Cod	le)	·	·····			
						., 0.0,, 2.00						·	<u></u>
Nar	ne of	Associated	Broker o	Dealer								-	
				Has Solici				sers		_] All Sta	taa .	
•	L]	[AK]	[AZ]	ndividual S [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	 [FL]	J Ali Sia [GA]	(HI)	[ID]
[]	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	(T) U]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
		<u> </u>		individual)			<u> </u>	. []		<u> </u>	<u> </u>	<u> </u>	<u> </u>
Bus	siness	or Residen	ce Addres	s (Number	and Street	t, City, Stat	te, Zip Coo	le)		· · ·			
Nar	me of	Associated	Broker o	r Dealer						<u></u>			
Stat	tes in	Which Per	son Listed	Has Solici	ted or Inte	nds to Soli	cit Purcha	sers				· · · · ·	<u></u> =
(Ch	ieck "	All States"	or check i	individual S	States)					<u>.</u> [All St		_
[1	AL] IL] IT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security		Aggregate Offering Price	A	Amount Already Sold
	Debt	\$	0	¢	0
			72,400	° .	72,400
	Equity Common Preferred	Ψ-	72,100	- " -	72,100
	Convertible Securities (including warrants)*		0 .	\$	0
	Partnership Interests	\$_	0	\$	0
	Other (Specify)		0	\$	0
	Total	\$_	72,400	\$	72,400
	Answer also in Appendix, Column 3, if filing under ULOE.				•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Aggregate Dollar Amount
					of Purchases
	Accredited Investors	_	1	\$	5,000
	Non-accredited Investors		7	\$	67,400
	Total (for filings under Rule 504 only)	-	0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	•	Tomas		Dellas Assessed
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A	-	N/A	\$	N/A
	Rule 504	-	N/A	\$	N/A
	Total	-	N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	-		•	
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	
	Legal Fees		$\overline{\boxtimes}$	\$	20,000
	Accounting Fees			\$	_ 0
	Engineering Fees			\$	0.
	Sales Commissions (Specify finder's fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total	•		-	20,000

 	C. OFFERING PRICE	C, NUMBER OF INVEST	ORS, EXPENSES	AND	USE OF P	ROC	EED	S .
	b. Enter the difference between the Question 1 and total expenses furnis is the "adjusted gross proceeds to th	hed in response to Part C-Que	stion 4.a. This differenc	e			\$	52,500
5.	Indicate below the amount of the ac be used for each of the purposes of furnish an estimate and check the be listed must equal the adjusted gross Question 4.b. above.	shown. If the amount for an ox to the left of the estimate.	y purpose is not known The total of the payment	n, ts				
					Payments to Officers, Directors, & Affiliates		P	ayments to Others
	Salaries and fees] \$			\$	
	Purchase of real estate		[3 \$			\$	
	Purchase, rental or leasing and	l installation of machinery ar	d equipment	3			\$	
	Construction or leasing of pla	nt buildings and facilities		3	•		\$	
	Acquisition of other businesse this offering that may be used another issuer pursuant to a m	in exchange for the assets or	securities of] \$		_ 🗆	\$	
	Repayment of indebtedness			3			\$	
	Working capital] \$			\$	52,500
	Other (specify)		□] \$			\$	
					•			
						-		
	Column Totals		<u>D</u>	₫ \$	0		\$	52,500
	Total Payments Listed (colum	n totals added)	••••••		\boxtimes	\$	52,50	0
	Ŭ) -	D. FEDERAL	SIGNATURE					
fol	e issuer has duly caused this notice t lowing signature constitutes an undert its staff, the information furnished by	aking by the issuer to furnish	o the U.S. Securities and	d Exc	nange Commi	ssion,	upon	
Iss	uer (Print or Type)	Signature		Date	•			
Co	ellege Garb, Inc.	By: Grant	! her		10/12/01	>		
Na	ume of Signer (Print or Type)	Title of Signer (Print o	Туре)					
Cra	aig R. Kesler	President						
					•			
		ATTEN	TION					

5 of 9

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	<u> </u>	E. STATE SIGNATUI	RE		
1.	Is any party described in 17 CFR 230.262 provisions of such rule?	Yes	No ⊠		
	See App	pendix, column 5, for state response.			
2.	The undersigned issuer hereby undertakes (17 CFR 239.500) at such times as require		of any state in which this notice file	ed, a notice of	on Form D
3.	The undersigned issuer hereby undertakes to offerees.	s to furnish to the state administrators	upon written request, information	furnished by	the issuer
4.	The undersigned issuer represents that the Offering Exemption (ULOE) of the state exemption has the burden of establishing	e in which this notice is filed and ur	derstands that the issuer claiming		
	ne issuer has read this notification and knows lly authorized person.	the contents to be true and has duly ca	used this notice to be signed on its be	chalf by the u	ındersigned
Iss	suer (Print or Type)	Signature	Date		
College Garb, Inc.		By: Leve & Keel	10/12/06		
Na	ame (Print or Type)	Title (Print or Type)			

President

Craig R. Kesler

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice of Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 3					4			5
	Intend to sell to Type of security and aggregate investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	. No
AL									
AK									
AZ							"		
AR									
CA									
CO	ľ								
CT									
DE									
DC									
FL					•				
GA				,					-
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA							-		
ME									
MD				<u> </u>			 		<u></u>
MA									
MI				 					
MN	-								
MS				+					
1.10	<u> </u>					<u> </u>			l <u></u>

APPENDIX APPENDIX

i		2	3		4				5
	Intend to sell to Type of security and aggregate investors in offering price State (Part B-Item 1) (Part C-Item 1)			aı	unde ULOI at expla: waiver	er State E (if yes, tach action of granted) E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	No
MO	ļ				ļ				•
MT									
NE									
NV									
NH		i							
NJ									
NM	Х		Common Stock/\$5,000			1	\$5,000		Х
NY						-			
NC	Х		Common Stock/\$5,000			1	\$5,000		X
ND									
ОН									
ОК									
OR					,				
PA									
RI			•						
SC	Х		Common Stock/\$52,500	. 1	\$5,000	3	\$47,500		X
SD									
TN									
TX									
UT			***************************************						
VT	,		· · · · · · · · · · · · · · · · · · ·						
VA	X		Common Stock/\$10,000			2	\$10,000		Х
WA									

APPENDIX !

1	2 3					4	-		5
	non-ac inves St	to sell to credited stors in cate	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	No
WV									
WI			· · · · · · · · · · · · · · · · · · ·						1
WY							<u> </u>	-	
PR									